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Permission to Release Student Records

Today's date _____

Name of School _____ School District _____

Student's name _____

Student's Date of Birth ____/____/____ Grade _____

I give consent to the disclosure of the following educational records of the above mentioned student to the Office of the Education Ombudsman:

- ☐ Academic progress reports, including grade reports and standardized test results
- ☐ Attendance and truancy reports, documents and referrals to services or court
- ☐ Disciplinary reports, including referrals and notices of suspension and expulsion
- ☐ Documentation, correspondence and emails regarding consideration for special services.
- ☐ Current evaluations, plans (IEP and 504) and transition planning documents.
- ☐ Other
- ☐ All records

My consent is made pursuant to the federal Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99).

My Name is _____

My Address is _____

My Relationship to the student is: ☐ Mother ☐ Father ☐ Legal Guardian ☐ Foster Parent

☐ I am the student and I am 18 years of age or older.

Signature

Governor's Office of the Education Ombuds

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